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DENTAL CONSENT FORM

Congratulations! You have made the decision to extend your pet's quality and length of life through proper dental care.

Some dental problems may not be fully identified until your pet has a complete oral exam under anesthesia. In order to provide your desired level of care, please choose from the following:

Needed Dental Care

- Yes** - Please perform any required dental procedures, as my veterinarian deems necessary. I am aware that I am responsible for additional charges as stated below.
- No** - Please perform only a routine dental scale and polish. Please try to contact me if possible prior to performing any additional procedures. I am aware that my pet may not receive recommended care.

- Basic Dental
- Extractions
- Comprehensive Dental
- Dental X-Rays
- Laser Gum Surgery
- Doxirobe Application

*Antibiotics: Injections (Depend of Wt. Of Pet) + Possible Take Home Medication

Just like children's dentists, we recommend sealant to help decrease the frequency of dental cleanings as well as protect your pets teeth.

- Yes - I would like a 30 day supply of OraVet take home chews
- Yes - I would like a 14 day supply of OraVet take home chews
- No - I decline OraVet chews at this time

SIGNATURE

DATE



The Standard of
Veterinary Excellence

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